

**Authorization Agreement for Automatic Deposits
(ACH CREDITS)**

Note: Recipient must attach a voided check to this form.

Grant _____ **Recipient**
Recipient _____ **Federal ID No.** _____

The Recipient hereby authorizes the Georgia Department of Community Affairs, hereinafter called the Department, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the Recipient's Checking account indicated below and the depository named below, hereinafter called Depository, to credit and/or debit the same to such account.

Depository Name: _____

City: _____

State: _____

Zip: _____

Account Number: _____

This authority is to remain in full force and effect until the Department has received written notification from the Recipient of its termination in such time and in such manner as to afford the Department and Depository a reasonable opportunity to act on it.

Grant Number: _____

Authorized Signature(s):

Typed Name & Signature

Typed Name & Signature

Date: _____

For DCA Use only:

Transit/ABA No. _____

Account No. _____